



IDAHO STATE POLICE
FORENSIC SERVICES
TOXICOLOGY DISCIPLINE

PLEASE TYPE OR PRINT IN ALL INFORMATION

EVIDENCE SUBMITTAL FORM

Date of Offense	Submitting Agency and Address (Please do not abbreviate.)	Agency Case Number
County of Offense		Exhibit Number
Type of Toxicology Case/Charge (mark all that may apply) <input type="checkbox"/> DUI <input type="checkbox"/> DUID <input type="checkbox"/> DRE <input type="checkbox"/> NJDT <input type="checkbox"/> Probation Violation <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Homicide <input type="checkbox"/> Other (specify) _____		
Status of Case (mark one) <input type="checkbox"/> New <input type="checkbox"/> Additional	Origin of Sample (mark one) <input type="checkbox"/> Suspect <input type="checkbox"/> Subject <input type="checkbox"/> Victim	Breath Test Performed ? <input type="checkbox"/> No <input type="checkbox"/> Yes Results: _____
Is Individual Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Name (last name first)	DOB	Court Date
Investigating Officer <i>please type or print</i>	Phone Number	
Sample Collected by (name, title and facility):	Date/Time of Sample Collection:	
Person Delivering/Mailing <i>please type or print</i>	Phone Number	
Sample Type	<input type="checkbox"/> Urine <input type="checkbox"/> Blood <input type="checkbox"/> Vitreous Humor <input type="checkbox"/> Other _____	
Requested Analysis	<input type="checkbox"/> Alcohol ^{1,2} <input type="checkbox"/> Toxicology ³ (drugs other than ethanol) <input type="checkbox"/> Other _____	
List suspected drugs and/or symptoms exhibited: _____ _____ _____		
List current prescription and over-the counter drug therapy: _____ _____ _____		
Chain of Custody		
From	To	Date of Transfer

- ¹ Urine alcohol results may be of questionable value. • ³ Analysis will be performed only up to the point of justifying the charge.
- ² If a successful breath test was obtained, blood alcohol analysis will not be performed without prior justification.

For Forensic Services Use Only	Laboratory Case Number:
Outer Evidence Seals	
<input type="checkbox"/> Intact	Evidence Technician/Region: _____ Date: _____
<input type="checkbox"/> Non-intact (describe discrepancy) _____	

<input type="checkbox"/> Intact	Evidence Technician/Region: _____ Date: _____
<input type="checkbox"/> Non-intact (describe discrepancy) _____	